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Bib Data Sheet

CONFIRMATION NO. 5323

SERIAL NUMBER 09/842,283	FILING DATE 04/24/2001 RULE	CLASS 705	GROUP ART UNIT 2162 3626	ATTORNEY DOCKET NO. CRNC.86595
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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/189,731 11/10/1998
 WHICH IS A CON OF 08/629,763 04/08/1996 PAT 5,833,599 *
 WHICH IS A CON OF 08/167,286 12/13/1993 ABN
 (*) Data inconsistent with PTO records.

OK NIP

NONE NIP

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Verified and Acknowledged	<i>W. Devers</i> <i>W.D.</i> Examiner's Signature Initials
STATE OR COUNTRY	CO
SHEETS DRAWING	22
TOTAL CLAIMS	1
INDEPENDENT CLAIMS	1

ADDRESS

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TITLE

Providing patient-specific drug information

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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